2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000005310

Entity Name: NEW BEGINNINGS GROUP, INC.

FILED Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
7601 N 9TI #277 PENSACC	H AVE. DLA, FL 32514	1		820 GERH. PENSACO				
Current Mailing Address:				New Mailing Address:				
7601 N 9TH AVE. #277 PENSACOLA, FL 32514				820 GERHARDT DRIVE PENSACOLA, FL 32503				
FEI Number:	59-3597194	FEI Number Applied For()	FEI Nun	nber Not Appl	icable ()	Certifica	ate of Status Desi	ired ()
Name and	Address of	Current Registered Agent:		Name and	Address	of New Reg	istered Agent	:
ECHSNER, CHRIS G ESQ. 7601 N 9TH AVE #277 PENSACOLA, FL 32514				ECHSNER, CHRIS G ESQ. 820 GERHARDT DRIVE PENSACOLA, FL 32503				
	named entity of Florida.	submits this statement for the p	ourpose o	f changing i	ts registere	ed office or r	egistered agen	it, or both,
SIGNATURE:						0	4/30/2002	
	Electro	nic Signature of Registered Age	ent				Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D (HOOLE, JANIO 4075 AIKEN R PENSACOLA,	D		Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	D (ECHSNER, CH 7601 N 9TH AV PENSACOLA,	/E #277		Title: Name: Address: City-St-Zip:		(X) Change CHRIS G ARDT DRIVE _A, FL 32503	()Addition	
Title: Name: Address: City-St-Zip:	ECHSNER, ST	N STREET #400		Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	D (REA, JEAN 1836 OLIVE R PENSACOLA,			Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	MCGUIRE, TH	MENTAL CENTER		Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	D (X YEAGLE, VIRO 4455 BAYOU B PENSACOLA,	BLVD., STE A		Title: Name: Address: City-St-Zip:		() Change	() Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS G. ECHSNER D 04/30/2002